PATENT APPLICATION FEE DETERMINATION RECORI Effective December 8, 2004								ORD	Application or Docket Number			
	· · ·	CLAIMS A	AS FILED - (Column		•	(Column 2)		SMALL ENT	TITY	OR	OTHER THAN SMALL ENTITY	
u.s	. NATIONAL	STAGE FEES				·]	RATE	FEE		RATE	FEE
BAS	SIC FEE		SMALL ENT.	. = \$ 150	LAR	GE ENT. = \$ 300	1	BASIC FEE		OR	BASIC FEE	2/11/1
EXA	AMINATION FE	EE	Satisfies PCT A			ther situations = \$ 100 / \$ 200	1	EXAM. FEE		1	EXAM. FEE	2111
SEA	ARCH FEE		U.S. is ISA = \$ ALL other cou \$ 200 / \$	\$ 50 / \$ 100 untries =	All ot	ther situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	400
FEE	FOR EXTRA S	SPEC. PGS.	min	us 100 =		/ 50 =	1	X \$ 125 =		1 1	X \$ 250 =	
тот	TAL CHARGEAE	BLE CLAIMS	26 min	inus 20 =	*		1	X \$ 25 =		OR	X \$ 50 =	
INDE	EPENDENT CL	AIMS	/ m	ninus 3 =	*		1	X \$ 100 =		OR	X \$ 200 =	
MUL	TIPLE DEPEN	IDENT CLAIM PRE	ESENT		<u> </u>		1	+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	. i	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						(Column 3)	ı (SMALL E		OR	OTHER T	NTITY
ENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	·
AME	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
+					· ·			TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	٠	(Column 1)		(Colur	- O\	(O-1: 2)						·
41 B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIO PAID F	IEST BER DUSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total		Minus	**		Ė		X \$ 25 =		OR	X \$ 50 =	
AMENDMENT B	Independent	*	Minus	***		= '		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
							L	TOTAL ADDIT. FEE		L	TOTAL ADDIT.	
			·					ree .			FEE L	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 02/2005)